



**CLEAR  
SPRINGS  
FOODS®**

**JOHN R. MACMILLAN**  
VICE PRESIDENT

**CLEAR SPRINGS FOODS, INC.**  
P.O.Box 712, Buhl, Idaho 83316  
Phone 208 543-3462  
Fax 208 543-4146

December 12, 2012

U.S. Environmental Protection Agency  
Region 10, OWW-130  
1200 Sixth Ave, Suite 900  
Seattle, WA 98101



RE: Amendment to NOI (NPDES Permit IDG132001)

We are amending (attached) our Notice of Intent (NOI) for Clear Springs Foods Clear Lake II Processing Plant (NPDES Permit Number IDG132001). The reason for the amendment is to identify new ownership, new contact and revised Disinfectants and Other Chemicals list. The chemical list is consistent with our other processing plant.

Thank you.

Sincerely,

John R. MacMillan, Ph.D.  
Vice President

encl.

cc: EPA, Dirk Helder, Boise Operations  
IDEQ, TFRO

**Notice Of Intent (NOI) To Operate  
Under NPDES General Permit #IDG-132001 for  
FISH PROCESSING FACILITIES in Idaho**

Submission of this document constitutes notice that the party identified under Operator Name intends to be covered by the general permit authorizing discharges from fish processing facilities in Idaho and obligates the operator (permittee) to comply with the terms and conditions of the permit.

**Facility Owner/Operator Information**

**Operator's Name (Permittee):**  
Clear Springs Foods, Inc.

**Phone:**  
208-543-3456

**Address:**  
P.O. Box 712  
Buhl, ID 83316

**Fax:**  
208-543-4146

**E-Mail Address:**  
[randy.macmillan@clearsprings.com](mailto:randy.macmillan@clearsprings.com)

**Owner's Name:**  
Clear Springs Foods, Inc.

**Phone:**  
208-543-3456

**Address:**  
P.O. Box 712  
Buhl, ID 83316

**Fax:**  
208-543-4146

**E-Mail Address:**  
[randy.macmillan@clearsprings.com](mailto:randy.macmillan@clearsprings.com)

**Facility Information**

**Facility Name:**  
Clear Springs Foods, Inc. – Processing Plant II

**Phone:**  
208-543-3456

**Address:**  
P.O. Box 712  
Buhl, ID 83316

**Fax:**  
208-543-4146

**E-Mail Address:**  
[randy.macmacmillan@clearsprings.com](mailto:randy.macmacmillan@clearsprings.com)

**County:**  
Gooding

**Facility Manager (or Contact) and Address:**  
John R. MacMillan (Contact)  
P.O. Box 712  
Buhl, ID 83316

**Phone:**  
208-543-3456

**Fax:**  
208-543-4146

**E-Mail:**  
[randy.macmillan@clearsprings.com](mailto:randy.macmillan@clearsprings.com)

**Facility Latitude (New Permittees Only)**  
(to the closest 15 seconds):

**Facility Longitude (New Permittees Only)**  
(to the closest 15 seconds):

**NPDES Permit No:**  
IDG 132001

**Other Permit Numbers(s) Assigned to Facility & Source:**  
Water Right No. 36-2659  
36-7004

**Date Facility was first operated, if known:** \_\_\_\_\_

*randy macmillan*

**Operations & Production Information**Total Number of outfalls: 2 Number of laboratory outfalls: 0Number of other outfalls (explain) 0Number of fish processing lines: 5

Project the number of operating days for the facility on a monthly basis throughout the calendar year:

Month	01	02	03	04	05	06	07	08	09	10	11	12
# of Days	22	20	22	21	23	21	22	23	20	23	22	21

**Amount of Fish Processed**

List the species of fish processed at your facility. For each species, include projected weight in pounds processed for the five year term of the permit, based upon historical operations, planned changes, and/or design capacity.

Species:	Year One	Year Two	Year Three	Year Four	Year Five
Rainbow Trout	3,000,000	3,000,000	3,000,000	3,000,000	3,000,000

**Disinfectants and Other Chemicals**

List all projected chemicals &amp; maximum daily amounts expected to be used in next 5 years (use an attachment, if necessary ).

		Units
Name: <u>Attachment #1</u>	Maximum daily amount to be used: _____	
Method of application: _____	Maximum amount in effluent _____	
Name: _____	Maximum daily amount to be used: _____	
Method of application: _____	Maximum amount in effluent _____	
Name: _____	Maximum daily amount to be used: _____	
Method of application: _____	Maximum amount in effluent _____	
Name: _____	Maximum daily amount to be used: _____	
Method of application: _____	Maximum amount in effluent _____	

**Description of Discharge**Provide a drawing of your operation on the back of this sheet, or attach a separate sheet. **Attachment #2**

Show all outfalls &amp; monitoring locations.

Include all waste stream discharges (e.g. tailraces of holding ponds, settling basins, laboratories, leaks)**Attach map**

Include an area map based upon a map of the US Geologic Survey (USGS) with a scale of at least 1:24,000.

Show water sources, points of influent to and discharge from the facility.

Water sources should include water right numbers. **Attachment #3**Name(s) of Receiving Water to which Facility Discharges: Clear LakeName of Larger Stream/River Downstream: Snake River

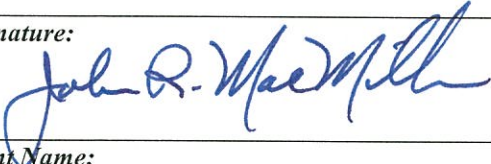
**Water Sources & Flow through the Facility & Time Period**

For each source, indicate minimum & maximum flow and the period in which that source contributes the flow  
(e.g., 12 cfs minimum, & 15 cfs maximum between June 15 & September 30 in a typical year from "True Springs")  
(includes Holding Ponds)

<b>Primary Source:</b> Spring	<b>Min Flow:</b> 0.00232	<b>Max Flow:</b> 0.02254	<b>Period:</b> 365 Days per Year
<b>Secondary Source:</b>	<b>Min Flow:</b>	<b>Max Flow:</b>	<b>Period:</b>

**Signature & Certification by authorized representative for permittee (see Section VII.E of the Permit):**

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

<b>Signature:</b> 	<b>Title/Company:</b> Vice President/Clear Springs Foods, Inc.	
<b>Print Name:</b> John R. MacMillan	<b>Date:</b> 12.12.12	<b>Check One:</b> Owner <input checked="" type="checkbox"/> <u>  X  </u> Operator <input type="checkbox"/> <u>          </u>

**Drugs, Disinfectants & Other Chemicals**

List all projected chemicals and maximum daily amounts expected to be used in next 5 years (use attachment, if necessary).

Put an asterisk (\*) next to those that are Investigational New Animal Drugs (INADs).

Name:	<u>Caustic Foam Cleaner</u>	Maximum daily amount to be used:	<u>18 gallons</u>	Units
Method of application:	<u>Disinfectant - Cleaner</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Chlorinated Circulation Cleaner</u>	Maximum daily amount to be used:	<u>8 gallons</u>	Units
Method of application:	<u>Disinfectant - Cleaner</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Chlorinated Alkaline Cleaner</u>	Maximum daily amount to be used:	<u>12 gallons</u>	Units
Method of application:	<u>Disinfectant - Cleaner</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>NitroClean Acid</u>	Maximum daily amount to be used:	<u>3 gallons</u>	Units
Method of application:	<u>Disinfectant - Cleaner</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Quaternary Ammonium Cleaner</u>	Maximum daily amount to be used:	<u>3 gallons</u>	Units
Method of application:	<u>Disinfectant - Cleaner</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Sodium Hypochlorite</u>	Maximum daily amount to be used:	<u>10 gallons</u>	Units
Method of application:	<u>Disinfectant - Cleaner</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Iodine 1.75%</u>	Maximum daily amount to be used:	<u>10 ml</u>	Units
Method of application:	<u>Disinfectant - Bath</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Sodium Bisulfite (Sanova component)</u>	Maximum daily amount to be used:	<u>3 gallons</u>	Units
Method of application:	<u>Disinfectant - Bath</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Sodium Chlorite (Sanova component)</u>	Maximum daily amount to be used:	<u>1 gallon</u>	Units
Method of application:	<u>Disinfectant - Bath</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units
Name:	<u>Phosphoric Acid</u>	Maximum daily amount to be used:	<u>250 lbs</u>	Units
Method of application:	<u>pH Stabilizer - Fertilizer</u>	Maximum amount in effluent:	<u>No Discharge</u>	Units



ATTACHMENT # 2





# Attachment #3

